



Tennessee Department of Labor and Workforce Development
Workplace Regulations and Compliance Division

Amusement Device Unit
220 French Landing Drive – 2B
Nashville, TN 37243
(615) 741-1900

Application for Amusement Device Operating Permit

1. Operating permits are issued to the company, one operating permit is required per each fixed location
2. Valid Certificate of Insurance (COI) must accompany these forms (minimum \$1,000,000 liability per occurrence)
3. All Devices listed must be inspected at least once annually

Section 1: Administrative Information (* Completion required)

*Name of Amusement Device Company:		*Date of Application:	
*Primary Contact:			
Phone Number:	Cell Number:	Email Address:	
*Physical Address:		City:	
		State:	Zip Code:
*Mailing Address: <i>Same as physical address</i>		City:	
		State:	Zip Code:
Owner Name: <i>(If different than Company above)</i>		Address:	
		Contact Number:	Email Address:
*Select the type(s) of operation company will conduct:			
<input type="checkbox"/> Fixed Location – Operates only at physical address above (Must Complete sections 1 & 2)			
<input type="checkbox"/> Rental Device(s) (Transaction/Contract-Based) – Operates at sites other than the physical address above (Must Complete sections 1 & 2)			
<input type="checkbox"/> Traveling Company – Operates by traveling from site to site (Must Complete sections 1,2 & 3 - Itinerary)			
*Application Type:		Permit	Permit Number:
<input type="checkbox"/> New Permit – No previous permit has been issued		Renewals	Date of Expiration:
<input type="checkbox"/> Permit Renewal – Renewal of previously issued permit		Only	
* As the Owner, Operator or Manager, I hereby certify that the amusement devices/attractions listed on the Device/Attraction List (Section 2) have been inspected within the past 90 days by a certified inspector and written documentation has been submitted by the certifying inspector stating that the devices/attractions listed met the applicable ASTM and/or ACCT industry standards. I hereby understand that each device/attraction listed on the Device/Attraction List (Section 2) must be reinspected every 12 months for this permit to remain valid.			
Signature _____			
Tenn. Code Ann. § 68-121-115 – (c) – any person who knowingly makes a false statement, representation, or certification in an application, record, report, or other document filed or required to be maintained under this chapter shall be guilty of a Class A misdemeanor.			
A Tennessee Class A misdemeanor carries the following maximum terms and fines: Not more than 11 months, 29 days in prison and up to \$2,500 fine.			

CERTIFICATE OF LIABILITY INSURANCE MUST ACCOMPANY DOCUMENT SUBMISSIONS



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Section 2: Amusement Device/Attraction List

***Name of Amusement Device Company:**

***Address:**

City:

State:

Zip Code:

	Amusement Device/Attraction Name	Type of Device (Zip Line, Canopy Tour, Inflatable, Carousel, Roller Coaster, etc.)	Manufacturer	Serial Number/Model Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

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Section 2: Amusement Device/Attraction List

*Name of Amusement Device Company:		
*Address:	City:	
	State:	Zip Code:

	Amusement Device/Attraction Name	Type of Device (Zip Line, Canopy Tour, Inflatable, Carousel, Roller Coaster, etc.)	Manufacturer	Serial Number/Model Number
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
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39.				
40.				

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Section 2: Amusement Device/Attraction List

*Name of Amusement Device Company:		
*Address:	City:	
	State:	Zip Code:

	Amusement Device/Attraction Name	Type of Device (Zip Line, Canopy Tour, Inflatable, Carousel, Roller Coaster, etc.)	Manufacturer	Serial Number/Model Number
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
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Section 3: Itinerary Information *(Complete for Traveling Company Only)*

Must be filed no less than thirty (30) days before first operation of amusement device(s) for the public

*Name of Amusement Device Company:		
*Address:	City:	
	State:	Zip Code:

From Date:	To Date:	Carnival, Fair or Activity Sponsor (e.g., TN State Fair, etc.)	Address (Site Location)	Phone Number (Site Location)	Contact Person

Submit 

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